

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021530

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 1237

STATE FILE NUMBER

FILED MAY 23 1962

1. PLACE OF DEATH

a. COUNTY ST. LOUISb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS 36 MOLength of stay in lb
14 DAYS2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTYc. CITY OR TOWN ST. LOUISInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HALLS FERRY MEMORIAL HOMEInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3934 N. 20 STReside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

WILLIAMP.SUEDMEYER

4. DATE OF DEATH

Month

Day

Year

APRIL191962

5. SEX

MALE

6. COLOR OR RACE

WHITE7. Married: ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/28-1874

9. AGE (last birthday)

88 YRS

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED FUNERAL DIRECTOR10b. KIND OF BUSINESS OR INDUSTRY
FUNERAL HOME11. BIRTHPLACE (City and state or country)
ST. LOUIS, MO12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

WM C. SUEDEMEYER

13b. MOTHER'S MAIDEN NAME

HENRIETTA GIESE

14. NAME OF HUSBAND OR WIFE

KATHERINE SUEDEMEYER15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

HOWARD J. SUEDEMEYER 3934 N. 20 ST

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary heart failure

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

Pulmonary edema

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1954 to April 19 and last saw him alive on April 17, 1962
Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles M. Mellis D.O.

22b. ADDRESS

3823 N. 20th

22c. DATE SIGNED

4/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

APR 23, 1962

23c. NAME OF CEMETERY OR CREMATORY

FRIEDENS CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS

23e. STATE

MO

24. FUNERAL DIRECTOR

ADDRESS

Suedmeyer & Sons 3934 N. 20 ST

25. DATE RECD. BY LOCAL REG.

4-21-62

26. REGISTRAR'S SIGNATURE

John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59140002 22634 05 267 08 29 4500101112 86-21388

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.